

BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: July 14, 2004

Division: Management Services

Bulk Item: Yes ☒ No ☐

Department: Administrative Services

AGENDA ITEM WORDING: Approval of amendments to contracts with the Florida Department of Law Enforcement for programs funded by the Edward Byrne Memorial Law Enforcement Grant.

ITEM BACKGROUND: The Safeport program, funded by Byrne and operated by the Guidance Clinic of the Middle Keys, ceased operation at the end of March, 2004. The Substance Abuse Policy Advisory Board accepted proposals to utilize the remaining funds at its May 2004 meeting. Its recommendations are reflected in these proposed amendments. Request has been sent to FDLE for these contracts to be amended.

PREVIOUS RELEVANT BOCC ACTION: Approval of contracts with FDLE and contracts with providers at its October 2003 meeting.

CONTRACT/AGREEMENT CHANGES: changes to amounts, budgets, and objectives

STAFF RECOMMENDATION: Approval

TOTAL COST: \$47,832.00

BUDGETED: Yes X No

COST TO COUNTY: \$11,959.00

SOURCE OF FUNDS: Ad Valorem Taxes

REVENUE PRODUCING: Yes ☐ No ☒

AMOUNT PER MONTH _____
YEAR _____

APPROVED BY: COUNTY ATTY ☒ OMB/PURCHASING ☐ RISK MANAGEMENT ☐

DIVISION DIRECTOR APPROVAL:

Sheila A Barker

Sheila A. Barker

DOCUMENTATION: INCLUDED: ☐ TO FOLLOW: ☐ NOT REQUIRED: ☐

DISPOSITION:

AGENDA ITEM #: C39

This chart shows the requested uses of the lapsed funds, Federal and Match, for the following programs:

Total Byrne Funds	35,874.00			
Total Local Match	11,958.00			
Grand Total	47,832.00			
Program	Byrne	County	Total	Notes
Boys and Girls Club gang prevention program	6,582.00	2,194.00	8,776.00	third year
Care Center	0.00	0.00	0.00	final year
Florida Keys Outreach Coalition	13,137.00	4,380.00	17,517.00	second year
Peacock	4,180.00	1,394.00	5,574.00	third year
Youth Challenge gang and violence prevention	11,975.00	3,992.00	15,967.00	third year
	0.00	0.00	0.00	
Totals	35,874.00	11,960.00	47,834.00	
(over) or under available funds	0.00	(2.00)	(2.00)	25.00%



BOARD OF COUNTY COMMISSIONERS

Mayor Murray E. Nelson, District 5
Mayor Pro Tem David P. Rice, District 4
Dixie M Spehar, District 1
George Neugent, District 2
Charles "Sonny" McCoy, District 3

Monroe County
Board of County Commissioners
Office of the County Administrator
The Historic Gato Cigar Factory
1100 Simonton Street, Suite 205
Key West, FL 33040
(305) 292-4441 - Phone
(305) 292-4544 - Fax



June 18, 2004

Mr. Clayton H. Wilder
Community Program Administrator
Florida Department of Law Enforcement
Office of Criminal Justice Grants
2331 Phillips Road
Tallahassee, FL 32308

Re: 04-CJ-J3-11-54-01-016/Boys and Girls Club SMART Gang Prevention III
04-CJ-J3-11-54-01-019/Monroe Youth Challenge III
04-CJ-J3-11-54-01-020/Peacock Apts Dual-Diagnosed Offender Program II
04-CJ-J3-11-54-01-017/Florida Keys Outreach Coalition Transitional Housing IV

Dear Mr. Wilder:

This letter is to request program and budgetary modifications to the above-referenced grants. Attached are revised Project Identification, Program Objectives and Performance Measures, Budget Narrative, and Budget Schedule sections of the approved project agreement reflecting the proposed changes.

The Safeport program, operated by the Guidance Clinic of the Middle Keys, ceased operations on March 31, 2004. Please cancel the contract between Monroe County and FDLE effective March 31, 2004, and de-obligate the remaining funds (\$35,874.00 federal funds and \$11,958.00 in County match funds, for a total of \$47,832.00).

At a meeting of the Monroe County Substance Abuse Policy Advisory Board on May 7, 2004, proposals to use the funds unspent by Safeport were considered, and the SAPAB recommended making the changes I am requesting in this letter.

Your favorable consideration regarding the proposed modifications will be greatly appreciated. Should you require any additional information, please contact David P. Owens, Grants Administrator, at 305-292-4482. Thank you for your continued assistance.

Very truly yours,

James L. Roberts
County Administrator

**The following section shows pages of the
original contracts that will be changed.**

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Florida Department of Law Enforcement

Effective Date: 10/01/03

Expiration Date: 9/30/04

Contract Purpose/Description: Amendment to contract increasing amount and objectives. Funds provided through FDLE Agreement for implementation of the Boys and Girls Club S.M.A.R.T. Gang Prevention III program as part of Monroe County's FY04 Edward Byrne Memorial Law Enforcement Grant Program

Contract Manager: David P. Owens
(Name)

4482
(Ext.)

OMB/Grants Mgt.
(Department)

for BOCC meeting on 10/15/03

Agenda Deadline: 09/30/03

CONTRACT COSTS

Total Dollar Value of Contract: \$45,376.00

Current Year Portion: \$45,376.00

Budgeted? Yes X No

Account Codes: 125-06018-530490-GG0410-XXXXXX

Grant: \$27,450.00

County Match: \$9,150.00

ADDITIONAL COSTS

Estimated Ongoing Costs: \$2857.00
(Not included in dollar value above)

For: Staff support-filing reports, oversight
(e.g. Maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Shirley A. Barker</u>	<u>7-28-04</u>
Risk Management	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>M. Slattery</u>	<u>7-28-04</u>
O.M.B./Purchasing	<u>7/28/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Shirley A. Barker</u>	<u>7/28/04</u>
County Attorney	<u>7/27/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>S. Smith</u>	<u>7/27/04</u>
Comments: _____				

Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
Byrne Formula Grant Program

RECEIVED

JUL 22 2004

COUNTY ADMINISTRATOR

SUBGRANTEE: Monroe County Board of Commissioners

TITLE OF PROJECT: Boys & Girls Club Street S.M.A.R.T. Gang
Prevention 3

GRANT NUMBER: 04-CJ-J3-11-54-01-016

ADJUSTMENT NO.: 1

NATURE OF ADJUSTMENT: REV BUD SCHED, NARR, OBJ

DATE: 7-9-04

GRANT ADJUSTMENT NOTICE

TO SUBGRANTEE:

Page 1 of 2

Pursuant to your request of 06/18/2004 the following change, amendment, or adjustment in the above grant project is approved subject to such conditions or limitations as may be set forth below:

Clayton H. Wilder

Authorized Official

Clayton H. Wilder

Community Program Administrator

The following revised budget is approved:

	Current Approved Budget	Difference	New Approved Budget
Salaries & Benefits	0.00	0.00	0.00
Contractual Services	36,600.00	8,776.00	45,376.00
Expenses	0.00	0.00	0.00
Operating Capital Outlay	0.00	0.00	0.00
Data Processing Services	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00
TOTAL PROJECT COSTS	36,600.00	8,776.00	45,376.00
	=====	=====	=====
	Federal	Match	Total Funds
NEW APPROVED BUDGET	34,032.00	11,344.00	45,376.00

received
7/16/04
Byrne Formula Grant Program

Adjustment No.1
04-CJ-J3-11-54-01-016
Page 2

The revised budget reflects a supplemental award of federal funds in the amount of \$6,582.00 and an increase in local match of \$2,194.00.

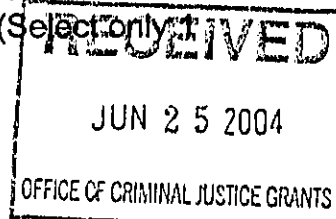
Retain this Grant Adjustment as part of official project records.
4-13-93

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

3. Program Objectives and Performance Measures: Up to three types of objectives may be included in this section of your subgrant application, i.e., Uniform Objectives, Project-Specific Objectives and Self-Generated Objectives. If you are proposing a project in one of the Authorized Program Areas with no Uniform Objectives, contact FDLE, Office of Criminal Justice Grants, at (850) 410-8700 for further guidance. Continue on a second page if necessary.

- a. List the number and title of the Program Area to be addressed. Refer to Appendix II, Part II, for a listing of authorized program areas. (Select only 1 Program Area)

04-A Community Crime Prevention
 (#) (Title)



- b. List Uniform Objectives first, followed by any other appropriate objectives you may wish to address. If additional objectives are included, please identify whether they are Project Specific or Self-Generated Objectives. Uniform and Project Specific Objectives form the basis for collection of data and quarterly performance reporting.

Uniform Objectives (Mandatory, copy as worded for the program area addressed and include all appropriate questions. Include Objectives from only 1 program area, Objectives from a different program area could be included as Project Specific Objectives).

04A – Community Crime Prevention		
04A.01	Provide eleven (11) alternative drug-free events. [Alternative drug-free events would include such things as sporting events, games, field trips, parties, etc., i.e., any participatory event designed to strengthen the anti-drug message and bond those participating in the event.] Part 1 – During this reporting period, how many alternative drug free events were conducted? [Identify in the narrative portion of this report the names of these events and describe how the anti-drug and/or anti-crime message was incorporated in each event.]	<u>Numeric</u>
04A.02	Present thirty (30) crime and substance abuse prevention education classes. Part 1 – During this reporting period, how many crime prevention and substance abuse education classes were presented? [Briefly discuss these classes in the narrative.]	<u>Numeric</u>
04A.03	Conduct thirty (30) life skill development education classes. Part 1 – During this reporting period, how many life skill development education classes were presented? [Briefly discuss these classes in the narrative.]	<u>Numeric</u>
04A.04	Create, expand, or enhance community, neighborhood, or school-based recreation programs. Part 1 – Did the subgrant create or expand one or more community of neighborhood recreation programs? Part 2 – No longer applicable. Part 3 – No longer applicable. Part 4 – No longer applicable. Part 5 – Did the activities include academic tutoring? Part 6 – No longer applicable. Part 7 – Did the activities include drug awareness and prevention education? Part 8 – No longer applicable.	<u>Y/N</u>
04A.15	Provide academic tutoring to twenty (20) students. Part 1 – During this reporting period, how many individuals receives academic tutoring services?	<u>Numeric</u>

<p style="text-align: center;">Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>

PS001 Continue to involve at least fifty (50) youth in grades 5 to 8, who meet the program criteria, to be involved in Club programs in 2004.

PS002 To continue for at least 75% of these youth to be involved and participate in at Least one SMART Move preventive program.

PS003 Through staff observation and documentation for all of the groups at each level, to observe an increase in the ability to successfully problem solve as documented with 75% decrease of acting out or problematic behavior(s) at the Club

PS004 Through staff observation and documentation, over the course of the funding cycle, to see a decrease of at least 75% of the number of children having to use the Club's Time Out Area for inappropriate behavior(s).

PS005 To involve at least 75 youth to participate and attend monthly evening and weekend programs and activities at the Teen Center.

PS006 To have at least 75% of our youth to actively participate in at least one community service project.

PS007 To have at least 50% of the parent(s) participate in SMART parent meetings.

PS008 To provide four community service events.

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

F. Project Budget

1. Budget Schedule

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Total Local Match must be a minimum of 25% of the Total Budget.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Local Match must be a minimum of 25 percent of the Total Budget.
- c. Show all figures rounded to the next highest dollar; do not include cents.

Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.

Budget Category	Federal	Match	Total
Salaries And Benefits			
Contractual Services	34,032.00	11,344.00	45,376.00
Expenses			
Operating Capital Outlay			
Indirect Costs			
Totals	34,032.00	11,344.00	45,376.00

Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program
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5. If the budget includes services based on unit costs, be sure to provide a definition and cost for each service as part of the budget narrative for contractual services. Provide the following information.

a. What is the basis for the unit costs?

b. How recently was the basis established or updated?

Personnel

Teen Prevention/Center Director (F/T)

(supervision, recruitment of prevention programs/activities)

40 hrs X \$15.00 hr X 52 weeks

\$31,212

FICA, rounded

\$ 2,388

Subtotal

\$33,600

Police Offices/Certified Addictions Prevention Professional (per diem)

2 hrs X \$25.00 per hr X 40 school weeks

\$ 2,000

4 hrs X \$25.00 per hr X 10 summer weeks

\$ 1,000

Subtotal

\$ 3,000

Insert program name Program Director P/T

Average 20 hrs per week (June 1 –September 30th)

20 hrs X \$12 per hr X 20 weeks

\$4,800

FICA

\$ 367

Subtotal

\$5,167

\$48776 ✓

Preventive Matls (videos, workbooks, etc.), office supplies, tables, chairs, shelves, etc

\$3,609

Total Budget

45,376

Local Match provided by the Monroe County Grants Matching Funds. Purchasing methods to be used will conform to existing Federal, State, and Local laws and regulations.

Services provided under contract with the Boys and Girls Club.

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Florida Department of Law Enforcement Effective Date: 10/01/03

Expiration Date: 9/30/04

Contract Purpose/Description: Funds provided through FDLE Agreement for implementation of the Dual Diagnosed Offender Program I as part of Monroe County's FY04 Anti-Drug Abuse Program

Contract Manager: David P. Owens 4482 OMB/Grants Mgt.
(Name) (Ext.) (Department)

for BOCC meeting on 10/15/03

Agenda Deadline: 09/30/03

CONTRACT COSTS

Total Dollar Value of Contract: \$42,150.00 Current Year Portion: \$42,150.00
Budgeted? Yes X No Account Codes: 125-06006-530490-GG0403-XXXXXX
Grant: \$31,612.00
County Match: \$10,538.00

ADDITIONAL COSTS

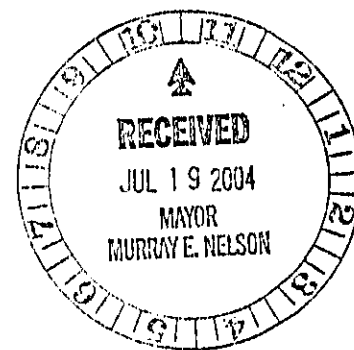
Estimated Ongoing Costs: \$2857.00 For: Staff support-filing reports, oversight
(Not included in dollar value above) (eg. Maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	7-28-04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Shirley A. Barker	7-28-04
Risk Management	7-28-04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	M. Sklar	7-28-04
O.M.B./Purchasing	7/28/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Adrienne F. Fugate	7/28/04
County Attorney	7/27/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	S. H. H.	7/27/04

Comments: _____

Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
Byrne Formula Grant Program



JUL 20 2004
DMB

SUBGRANTEE: Monroe County Board of Commissioners

TITLE OF PROJECT : Peacock Apartments Dual
Diagnosed Offender Program 2

GRANT NUMBER: 04-CJ-J3-11-54-01-020

ADJUSTMENT NO.: 1

NATURE OF ADJUSTMENT: REV BUD SCHED, NARR, OBJ, PRO

DATE: 7-9-04

GRANT ADJUSTMENT NOTICE

TO SUBGRANTEE:

Page 1 of 2

Pursuant to your request of 06/18/2004 the following change, amendment, or adjustment in the above grant project is approved subject to such conditions or limitations as may be set forth below:

Clayton H. Wilder
Authorized Official
Clayton H. Wilder
Community Program Administrator

The following revised budget is approved:

	Current Approved Budget	Difference	New Approved Budget
	-----	-----	-----
Salaries & Benefits	0.00	0.00	0.00
Contractual Services	36,576.00	5,574.00	42,150.00
Expenses	0.00	0.00	0.00
Operating Capital Outlay	0.00	0.00	0.00
Data Processing Services	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00
	-----	-----	-----
TOTAL PROJECT COSTS	36,576.00	5,574.00	42,150.00
	=====	=====	=====
	Federal	Match	Total Funds
	-----	-----	-----
NEW APPROVED BUDGET	31,612.00	10,538.00	42,150.00

Adjustment No.1
04-CJ-J3-11-54-01-020
Page 2

The revised budget reflects a supplemental award of federal funds in the amount of \$4,180.00 and an increase in local match of \$1,394.00

Retain this Grant Adjustment as part of official project records.
4-13-93

Application for Funding Assistance
Florida Department of Law Enforcement
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- 2. Project Description:** Briefly describe proposed project activities. Refer to Appendix II, Part 1, Pages 1-3 for a description of eligible project areas). You should include project goals, administration, enhancement/expansion, staff, service providers, clients or other participants, equipment, location, and expected project results, as described in the application instructions

This section should address the basic points of who, what, when, where, and how.

Continue on additional pages if necessary; do not exceed three pages.

CONTINUATION PROJECT

The Dual Diagnosed Offender Program (DDOP) is operated by a non-profit organization, The United States Fellowship of Florida (USFF). The DDOP is located at the Peacock Apartment site. Peacock apartments provide affordable supportive housing for those with severe mental illness. In the first year of operation to date (5/15/03) the DDOP has maintained 100% occupancy. One client was terminated because of sexual misconduct and the unit was immediately filled. There have been no major obstacles or significant changes in the program.

2. a. Project Enhancement and Expansion:

Peacock Apartments has 28 beds for formerly homeless, mentally ill residents of Monroe County. This year the DDOP will provide 11 supportive affordable beds in Key West to mentally ill adults who have a history of substance abuse and have been charged with, or convicted of, misdemeanor or felony crimes. Last year Byrne funded 4 beds. By providing affordable supportive housing for persons with disabilities (mental illness and substance abuse), we can prevent relapse, detention, and additional jail and prison terms. Coordinating mental health treatment (counseling and medication compliance for their mental health conditions) and life skills training will be instrumental in reducing their risk of substance abuse, criminal activity, and homelessness while living in the community. We can reduce our mentally ill jail population.

Our program is an active participant in SHAL (Southern Homeless Assistance League) which addresses the needs of the homeless population and those at risk of becoming homeless. We work intensively with other social service agencies to provide services for the well-being of our clients. With additional funding this year, we will be able to expand our Byrne program from four to eight beds, and serve persons who were on a waiting list.

2. b. The goals of the Program are:

Immediate Goals:

1. To identify the potential client population through contact with the case managers at the County Jail, Care Center for Mental Health, Guidance Clinic, Pre-Trial Services and the Court System, including the Public Defender's Office, Guardian Ad Litem, and law

<p style="text-align: center;">Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>

enforcement. The Peacock Apartments staff interviews all potential clients. Upon assessment and acceptance to DDOP, referrals and treatment plans are implemented.

2. To provide eight offenders with affordable housing and supportive services, including a bed/unit, utilities, furniture, cable TV, phone, transportation, supervision, monitoring, referral to mental health treatment, referral to substance abuse treatment, random drug testing, liaison case management, limited recreation, camaraderie and supervision of medication compliance.

3. To provide referrals to other appropriate programs for offenders that do not meet our criteria for our program. For instance, we refer ineligible clients to Samuel's House, Housing Authority, Florida Keys Outreach Coalition, DePoo Hospital, Care Center, Guidance Clinic Middle Keys etc.

4. To be available to provide supportive services to clients who successfully complete their treatment plan in our program. Services to graduates of the program may include inclusion in social events at Peacock Apartments, assistance with money management, and referral to other social agencies.

5. To find additional sources of funding for long term program sustainability.

Long Range Goals:

6. Economic sustainability

a. To increase board participation, public awareness, and fundraising,

b. To network with other agencies in increasing services to clients.

c. To start an activity program that will generate additional income to lower client fees.

2. c. Treatment and Prevention Projects

USFF has been providing affordable and supportive housing in Monroe County since 1988. USFF is a non-profit organization and is the only and oldest organization that provides these services (affordable supportive housing for mentally ill). Our Marathon facility is a Limited Treatment Facility that accommodates the more severely impaired. Peacock and Byrne beds do not require that intensive level of services.. Treatment is provided at a Mental Health facility not on site, therefore there is no licensure requirement. (5/15/03 C & F correspondence).

2.d. Multi-jurisdictional task force projects: Not Applicable

2.e. Project Staff:

Both Administrative and Program Directors split an equal amount of time at each facility. Byrne units are at Peacock location only. Staff for the Peacock Apartments include the Administrative Director, Gary Lowe; Program Director, Claire Condra; Peacock Site manager Amy Naylor (PT Ceri Walding); and four live-in Residential Counselors. Office hours are 8 a.m. to 10 p.m., and a staff member is always on call. Staff will perform intake appointments, assessments, referrals, assistance in treatment planning, liaison case management, limited transportation, supervision of medication compliance, supervision of mental health treatment compliance, assistance with money management, drug/alcohol testing, and assistance with activities of daily living.

2.f. Project Equipment: Not Applicable

<p align="center">Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>
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2.g. Project Location:

The residents of the DDOP will continue to be provided a single bedroom in one of our four-bedroom apartments, located at Poinciana Plaza, Key West, Florida, as part of Peacock Apartments Residential Mental Health Program. To qualify for the program, one must be a resident of Monroe County.

2.h. Project Activities/Administration:

1. Level of care is based on least restrictive model. Clients are provided with liaison case management with mental health. We will provide as needed: limited transportation, assistance in scheduling of appointments, assistance in daily living skills (grocery shopping, recreation, activities etc) supervision of medication regimen, and monitoring compliance of treatment plan.,
2. DDOP clients are given random drug tests at least once per month and whenever there is suspicion of use. Rooms are checked weekly. Site counselors have weekly, sometimes daily, contact with clients.

2. i. Target Group

Persons who are disabled due to having a chronic serious mental illness in addition to a substance abuse problem (a dual diagnosis) and be either charged or convicted of misdemeanor or felony crimes, who are not a danger to the community.

Eligibility

1. Clients must not have a history of violence.
2. Clients must have a diagnosed mental illness, a history of substance abuse, a criminal history and must be under the case management of a mental health center. Clients must be under a treatment plan
3. Clients must have a funding source either from self, family, SSI, SSDI, VA, or may qualify for benefits from these sources.
4. Clients must have a criminal background check with no history of violence or sexual aggression.
5. If a previous resident, clients must be in good standing with peacock Apartments.
6. Clients must have a medical treatment plan recommending placement at one of our facilities.
7. All clients must be capable of transitional living. They must be able to care for themselves.

Each resident's treatment plan will determine the length of stay in the program, as per his or her criminal case requirements. The minimum stay will be ninety days, and the maximum stay will not be limited. The treatment plan will address the frequency of drug/alcohol testing, the consequences if a test is positive, the requirements for appropriate behavior, and compliance with medications during the duration of the participation in the program. Coordination with pre-trial services, probation, parole, and other law enforcement agencies will be included in the treatment plan. The level of supportive services a client receives is individually determined, and is based on need. For instance, some clients require daily supervision (help in hygiene, following

Application for Funding Assistance
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treatment plan, keeping appointments, apartment cleanliness, chore completion, following their medication regimen etc). Others may be self-directed and sufficient in complying with treatment plan and house rules with limited monitoring.

2. j. Project Results

The success of the project can also be judged by decreases in criminal activities (arrests), crisis stabilization, detoxification, and program non-compliance (termination). Success can also be measured by program compliance and successful graduation of program (e.g., becoming self sufficient, relocating and being provided aftercare services.

Application for Funding Assistance
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Part II
Corrections Alternative - Halfway House
State Program Area 20

This document provides guidance for project applications prepared for state program area 20. This includes suggested length of responses for some items as well as identifying specific information to be provided. The narrative should be as concise as possible. Please also see other guidance in application instructions.

SECTION E: 2. PROJECT DESCRIPTION

NEW PROJECTS

If this is a first year project that begins a new 48 month cycle *and* you seek funding for the *same* previously funded state program area, please describe any *significant* changes in the target population, geographical location, and/or project activities in 300 words or less.

This is a continuation project.

CONTINUATION PROJECTS

If this is year 2 or later for the project, please address the following items.

1. Briefly describe the major accomplishments for each year.

CONTINUATION PROJECT

"In the first year of operation to date (5/15/03) the Dual Diagnosed Offender Program, DDOP, has maintained 100% occupancy. One client was terminated because of sexual misconduct and the unit was immediately filled from the waiting list. There have been no major obstacles or significant changes in the program. In our first year of operation three out of four residents had no arrests. All four clients did not require detoxification treatment; one client was sent to the emergency room twice for assessment (possible Marchman) and was shortly released back to the program

2. Briefly describe any major obstacles that were identified the previous year and what approach to overcoming them is incorporated in the current year.

"There were no major obstacles requiring program adjustment."

3. If there are any changes or enhancements planned for the current year, please describe them in 300 words or less, including how they will more effectively address the identified problem.

"We will continue to provide supportive services. In addition, we are starting to offer recreational activities for our clients. For instance, this year we have taken clients to concerts and bowling. In the upcoming year we plan to engage residents in more community inclusion activities (e.g., volunteer work).

4. If the project will continue to operate as previously established, provide any critical additional information that has not otherwise been addressed in the application in 300 words or less.

"In the 2003-4 year we will increase the number of clients in DDOP to eight.

NOTE: If your project includes only one service provider, complete the following information for this provider. If your project includes more than one provider, include this information for each provider that you list in the table, including questions in the target group section and the project activities section.

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

SERVICE PROVIDER / PERSONNEL

1. Identify the service provider agency that will be part of this project.
"The Dual Diagnosed Offender Program (DDOP) is operated by a non-profit organization, The United States Fellowship of Florida (USFF). The DDOP is located at the Peacock Apartment site. Peacock apartments provide affordable supportive housing for those with severe mental illness.
2. Be sure to include the following information if the provider is known:
 - a. List the Service Provider Name **The United States Fellowship of Florida (USFF).**
 - b. Identify the Service Provider's administrative location. **USFF Administrative functions are located at the Heron House 1320 Coco Plum, Marathon, FL 33050. The administration of day-to-day activities of the Dual Diagnosed Offender Program is the Peacock Apartments 1624 Spalding Court Apt D, Key West 33040**
 - c. Will the relationship of the Subgrantee or Governmental Implementing Agency to the Service Provider be a contractual one? **Yes** Or are they administratively part of either the subgrantee and/or implementing agency?
 - d. Does the agency providing the proposed service require a license? **Peacock apartments has an occupational license but is not required to have a Dept. of Children and Families licensure, since therapeutic services are provided off-site.**
 - e. List all licenses the Service Provider will use in providing only the services through this contract. Do not list all other licenses the Service Provider holds.
N/A
3. If the relationship with the service provider is contractual, will you use competitive bids or sole source procurement? The applicant should note that if sole source procurement is used, and the budgeted amount is greater than \$100,000, pre-approval must be obtained from FDLE prior to the reimbursement of funds.
Sole Source Procurement
4. If service provision occur at more than one location and/or at a location other than the one identified in Item 2 above, please specify all service location addresses.
We provide transportation of our clients to Mental Health As of 5/21/03 One client of the DDOP goes to day treatment at the GCMK in Marathon. The remaining 3 clients go to the Care Center in KW. All clients have a primary case manager at a Mental Health Facility.
5. Identify the role(s) of key personnel by title and provide a brief description of their primary responsibility. These individuals may or may not be grant funded but provide project activities that are eligible for Byrne Program funding and that establish the "program" your will be reporting on in the quarterly performance reports. For example, if you only purchase drug prevention education materials, you would identify personnel, such as a crime prevention officer, who conducts project activities such as classes using the materials.
 - a. List position title, job description (list only key tasks) and agency.
Program Director: Oversees funding and administration.
Program Administrator: Overseas daily program activities.
Site Manager: Provides direction, overseas daily operational tasks, keeps records and monitors clients
Residential Staff: Maintains/provides supportive services for clients and monitors clients behaviors. May include transportation
Transport Driver: Transports clients to GCMK in Marathon
 - b. Indicate the number of staff who will provide project activities.
Site Manager, transport driver and 4 residential staff
 - c. Specify whether positions are Agency or Contract staff.

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All staff are agency positions

- d. Indicate whether positions will be funded with project funds.
Yes. See Budget Narrative 2.
- e. Specify whether positions provide services under a Service Provider's license.
N/A
- f. Indicate whether positions require a license for individuals providing project services.
N/A
- g. If any license is required, specify the status of the license. Indicate "YES" if the license is current (or you may indicate "Pending"). However, if your response in column 6 or 7 is "YES" and your response in column 8 is "NO", you must provide an explanation.

TARGET GROUP

Identify the basic demographics of your target group. Include age range and gender.

As of 5/14/03 we have 4 male clients (3 white and 1 black) in our Dual Diagnosed Offender program. Their ages are 28,50,53 and 56. In June we are expecting an additional 4 clients. The demographics on the newly accepted clients are; 2 white males (45 and 52) and 2 females (45 and 48 one white and one black)

Estimate the number of participants. If the project includes multiple components or activities and not all participants will be included in each, please discuss briefly the differences.
Starting in 6/03 DDOP will provide supportive affordable housing for 11 clients.

In 300 words or less, respond to the following items regarding the selection of clients for treatment.

- a. What is the clients' link to the criminal justice system and how do they meet the requirement for being offenders? For example, have they committed a misdemeanor, felony or both? If juvenile, have they been processed at a Juvenile Assessment Center? If they will be accepted based on referral by an organization such as a court or law enforcement agency, include that information as well.
All of our current clients have criminal and substance abuse record and under the care of a mental health case manager. 4 additional clients are expected to come into the program in June 03. The clients are being referred to Peacock from DePoo, Heron, Safe Port, and detention (Care Center). Their criminal histories include felonies and misdemeanors.
- b. List all other criteria that clients will be required to meet in order to qualify for selection. If activities will be provided for family or significant others, please include them as well. If either specific age groups, or school categories (i.e., second grade, high school) will be used as categories, that information should also be included.
 - 1. Clients must not have a history of violence.**
 - 2. Clients must have a diagnosed mental illness and under the case management of a mental health center. Clients must be under a treatment plan**
 - 3. Have a funding source either from self, family, SSI SSDI, VA or may qualify for benefits from these sources.**
 - 4. Criminal background check with no history of violence**
 - 5. If a previous resident, be in good standing with peacock Apartments.**
 - 6. Medical treatment plan recommending placement at one of our facilities**
 - 7. Have a criminal and substance abuse history.**
- c. Identify by position title(s) the individuals that will determine client eligibility.

The program administrator and site managers do the screenings, intake procedure

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and determine eligibility to the program

ACTIVITIES

1. If your project does not stand alone, but is part of an existing program, please describe this relationship.

Dual Diagnosed offenders live in the Peacock apartments. The Peacock Apartment program is almost the same for all clients (affordable supportive housing). The only difference is that the Dual Diagnosed Offender clients must have a substance abuse problem, a criminal history and are randomly drug tested per month.

2. Please indicate the activities your project will provide. Select from the following list of commonly funded activities or add additional activities, as appropriate.

Note: Please be consistent between activities you select from the list and the *Objectives and Performance Measures* on which you will be reporting:

Common Treatment Project Activities	
Medical Assessment	
Psychosocial Assessment	
Treatment plans	X*
Intake and Screening	X*
Case Management	X*
Drug Screening / Testing	X
Educational programs for relapse prevention	
Counseling	
Vocational Training	
Transportation	X*
Court Liaison	
Offender Tracking	
Individual Therapy	
Group Therapy	
Family Therapy	
Short-Term Counseling	
Diagnostic Activities	
Meals	
Referral to community resources	X*
Residential Services	X
Other	X*

X* activities are done on an as needed basis and often in liaison (supplemental) with primary mental health treatment plan. For instance our staff monitors compliance to Mental Health's treatment plan and reports directly to their mental health case manager any concerns. We sometimes monitor Alcoholics Anonymous attendance, life skills (cleanliness, hygiene, chore routines, etc.), and report significant behaviors to mental health case managers. Assistance in scheduling and providing transportation is critical in linking clients to services.

Dual Diagnosed offenders are encouraged to participate in Peacock Apartment activities. These activities, by nature, are relatively risk free of drug use and promote alternative drug free activities

3. Provide the following information for all proposed project activities and/or events listed in

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response to item 3 above. **N/A Previously outlined**

- a. Describe the project activity.
- b. Define the unit of measurement for this activity. (Ex. one hour group counseling for 10 clients)
- c. Estimate the frequency that the project will perform this activity.
- d. Estimate the number of participants that will engage in this activity.
- e. Estimate the number of defined units that the project will provide.

In 200 words or less, respond to the following items regarding the treatment services. **N/A**

- a. What is the expected length of treatment? **Clients are disabled due to chronic mental illness. They may be in treatment indefinitely.**
- b. Are there different phases of treatment? If so, please describe. **No**

Briefly describe what is considered successful completion of the program and how it will be measured. This should include whether it is time, activity or content based. For example, successful completion for an individual could be attendance at all classes included in the program, staying drug-free for 90 days following completion of the treatment plan.

Program success is measured by decrease in hospitalizations, detoxification's, crisis stabilization's, arrests/incarcerations, and ability to comply with program rules.

What happens if someone does not successfully complete his or her treatment? If this includes expulsion, list the criteria.

Expulsion can be done on non compliance to medical treatment plan, failure to comply with program rules (e.g., substance use and violence) and inability to pay client fees. Executive Director or Program Director responds to all grievances in writing within 3 working days. If possible a behavioral contract is implemented to prevent expulsion.

Will sanctions and/or incentives be used to encourage completion and compliance with the treatment plan? If yes, respond to the following. **Yes**

- a. Identify and describe all sanctions and/or incentives. **Incentives to comply with many aspects of client's treatment plans are an integral part of the housing milieu. Residential staff are available to provide support and therefore assist clients in adhering to their treatment plan compliance and daily living. For rule violations, offenders will receive a three-day notice to comply and a new service plan or behavior contract. Repeated violations or serious violations will result in eviction.**
- b. Describe when and how they will be used.

If the program is a Drug Court Offender Community Treatment program, describe how the program will comply with the 10 key elements outlined in the U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office, program guidelines "*Defining Drug Courts: The Key Components*", January 1997. In addition, note Section G of the contract regarding requirements for collection and maintenance of data. **N/A**

If any special training is planned for personnel at any level, please identify this training and describe how it will further the operation of the project. Also identify the position or types of positions that would attend such training.

All personnel receive training that includes limited mental health, HIV, CPR, First Aid, Food Service/Nutrition, Assistance with Medications, the Community Transportation Coordinator, and emergency procedures.

If equipment purchases will be a significant part of the project funding, describe how this equipment will be used in project operations. **N/A**

<p style="text-align: center;">Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>

COOPERATING OR PARTICIPATING AGENCIES

1. List all the agencies and/or organizations participating in project implementation or whose cooperation and/or support are necessary for the success of your project.

Mental Health, social services, Southernmost Homeless Assistance League etc. This population requires a team approach with a multitude of social service providers.

2. Describe the role of each agency / organization.

Mental Health case managers assist in scheduling interface with other providers. USFF staff provides additional support enabling clients to adhere to appointments and treatment plans. Our staff helps clients in transportation, organization, scheduling/making appointments, assistance in filling out forms, etc.

Mental health provides treatment plan for all of our clients. Services may include day treatment, assessments, psychiatric monitoring, obtaining funding and therapy.

3. Have you obtained a commitment for support from each listed agency /organization? If it has not been obtained, describe how this will be accomplished.

We work closely with Mental Health case managers. Copies of mental health treatment plan are frequently updated, reviewed and kept on site.

OTHER KEY INFORMATION

In 400 words or less, provide any other key information regarding the program that has not been addressed previously in the application. This should include identifying any other Byrne-funded project/activity/client that overlaps with this request.

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3. Program Objectives and Performance Measures: Up to three types of objectives may be included in this section of your subgrant application, i.e., Uniform Objectives, Project-Specific Objectives and Self-Generated Objectives. If you are proposing a project in one of the Authorized Program Areas with no Uniform Objectives, contact FDLE, Office of Criminal Justice Grants, at (850) 410-8700 for further guidance. Continue on a second page if necessary.

- a. List the number and title of the Program Area to be addressed. Refer to Appendix II, Part II, for a listing of authorized program areas. (Select only 1 Program Area)

20A	Corrections Alternatives – Halfway House
(#)	(Title)

- b. List Uniform Objectives first, followed by any other appropriate objectives you may wish to address. If additional objectives are included, please identify whether they are Project Specific or Self-Generated Objectives. Uniform and Project Specific Objectives form the basis for collection of data and quarterly performance reporting.

Uniform Objectives (Mandatory, copy as worded for the program area addressed and include all appropriate questions. Include Objectives from only 1 program area, Objectives from a different program area could be included as Project Specific Objectives).

20A.01	Provide eleven (11) offenders with transitional housing. Part 1 – During this reporting period, how many offenders were NEW ADMISSIONS and/or READMISSIONS to transitional housing?	<u>Numeric</u>
20A.02	Provide eleven (11) offenders with case management services and daily structured activities. Part 1 – During this reporting period, were most offenders provided with case management services? Part 2 – During this reporting period, were most offenders provided with daily structured activities?	<u>Y/N</u>
20A.03	Provide eleven (11) offenders with short-term individual and group supportive life skills counseling. Part 1 – During this reporting period, were most offenders provided life counseling?	<u>Y/N</u>

PS01 - Provide eleven (11) clients monthly drug tests.

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F. Project Budget

1. Budget Schedule

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Total Local Match must be a minimum of 25% of the Total Budget.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Local Match must be a minimum of 25 percent of the Total Budget.

Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.

Budget Category	Federal	Match	Total
Salaries And Benefits			
Contractual Services	31,612.00	10,538.00	42,150.00
Expenses			
Operating Capital Outlay			
Indirect Costs			
Totals	31,612.00	10,538.00	42,150.00

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5. If the budget includes services based on unit costs, be sure to provide a definition and cost for each service as part of the budget narrative for contractual services. Provide the following information.

- a. What is the basis for the unit costs?

Rationale: For the last quarter of 2003, we expanded the program to 8 designated Byrne Units. To qualify for Byrne, one has to have a dual diagnosis and a non-violent criminal history. In 2003, we have denied 14 applicants access to Byrne units. We were able to place some of these applicants in Peacock Apartments to prevent homelessness. However, many applicants were placed on the waiting list. The turnover rate for Byrne units is approximately 1-2 years. Expansion from 4 to 8 Byrne Units will result in immediate services.

- b. How recently was the basis established or updated? 4/14/03

COSTS OF PEACOCK APARTMENTS PROGRAM

Salaries, benefits, and stipends:	195,000.00
Insurance	42,900.00
Utilities & phone	44,696.00
Supplies	15,000.00
Transportation Costs	3,600.00
Drug Tests	3,000.00
TOTAL	\$304,196.00

Annual budget of Peacock Apartments, 28 Units (beds)	304,196.00
Less HUD funding for salaries	25,000.00
Net Peacock budget	279,196.00
Divided by 28 units = cost per unit per year	9,971.00
Cost per unit per month	831.00
Rent paid by each client per month	450.00
Net Cost per bed per month	381.00
Net cost per bed day	12.52
2,922 days @ 12.52 per bed day	36,576.00

Cost of Project for 8 units at Peacock Apartments	36,576.00 (8 x 12 x 381)
Three (3) additional beds from June 1 through Sept 30, 2004	4,572.00 (3 x 4 x 381)
Computer	700.00
Printer	302.00
Total	42,150.00

Total Amount Requested to fund 10 units	36,576.00 + 5,572.00 = 42,148.00
Byrne Grant Funds	27,432.00 + 4,179.00 = 31,611.00
County Match	9,144.00 + 1,393.00 = 10,537.00

Purchasing methods to be used will conform to existing Federal, State, and Local laws and regulations.

Monroe County will contract with U.S. Fellowship of Florida, Inc. for this project.

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Florida Department of Law
Enforcement

Effective Date: 10/01/03

Expiration Date: 9/30/04

Contract Purpose/Description: Funds provided through FDLE Agreement for implementation of the Sunrise House Transitional Housing for Recovering Homeless Men IV as part of Monroe County's FY04 Edward Byrne Memorial Law Enforcement Grant Program

Contract Manager: David P. Owens
(Name)

4482
(Ext.)

OMB/Grants Mgt.
(Department)

for BOCC meeting on 10/15/03

Agenda Deadline: 09/30/03

CONTRACT COSTS

Total Dollar Value of Contract: \$75,967.00

Current Year Portion: \$75,967.00

Budgeted? Yes X No

Account Codes: 125-06017-530490-GG0408-XXXXXX

Grant: \$56,975.00

County Match: \$18,992.00

ADDITIONAL COSTS

Estimated Ongoing Costs: \$2857.00
(Not included in dollar value above)

For: Staff support-filing reports, oversight
(e.g. Maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Sheila A. Barker</u>	<u>7-28-04</u>
Risk Management	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>M. Slone</u>	<u>7-28-04</u>
O.M.B./Purchasing	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Adrienne Spivey</u>	<u>7/28/04</u>
County Attorney	<u>7/27/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Scott H.</u>	<u>7/27/04</u>
Comments: _____				

Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
Byrne Formula Grant Program



JUL 20 2004
OMB

SUBGRANTEE: Monroe County Board of Commissioners

TITLE OF PROJECT : Monroe Youth Challenge Program 3

GRANT NUMBER: 04-CJ-J3-11-54-01-019

ADJUSTMENT NO.: 1

NATURE OF ADJUSTMENT: REVISED BUD SCH, NARR, OBJ

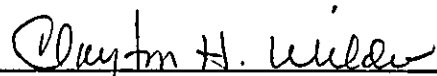
DATE: 7-9-04

GRANT ADJUSTMENT NOTICE

TO SUBGRANTEE:

Page 1 of 2

Pursuant to your request of 06/18/2004 the following change, amendment, or adjustment in the above grant project is approved subject to such conditions or limitations as may be set forth below:



Authorized Official
Clayton H. Wilder
Community Program Administrator

The following revised budget is approved:

	Current Approved Budget	Difference	New Approved Budget
	-----	-----	-----
Salaries & Benefits	0.00	0.00	0.00
Contractual Services	60,000.00	15,967.00	75,967.00
Expenses	0.00	0.00	0.00
Operating Capital Outlay	0.00	0.00	0.00
Data Processing Services	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00
	-----	-----	-----
TOTAL PROJECT COSTS	60,000.00	15,967.00	75,967.00
	=====	=====	=====
	Federal	Match	Total Funds
	-----	-----	-----
NEW APPROVED BUDGET	56,975.00	18,992.00	75,967.00

Adjustment No.1
04-CJ-J3-11-54-01-019
Page 2

The revised budget reflects a supplemental award of federal funds in the amount of \$11,975.00 and an increase in local match of \$3,992.00.

Retain this Grant Adjustment as part of official project records.
4-13-93